

Commonwealth of Virginia Department of Rehabilitative Services Vocational Rehabilitation Program

Referral

Important Information for People With a Disability Who Want to Work

DRS' Vocational Rehabilitation (VR) Program helps people with all types of disabilities get ready for, find, and keep a job. Eligibility and services provided are decided case-by-case.

You may refer yourself or anyone with a disability who wants to work. Give the information on this form to your local DRS office by: Mail, Phone, Fax, or E-mail message

For the local office directory,

Call us toll-free in the U.S. at 1-800-552-5019 (TTY 1-800-464-9950), OR

Visit our Web site at www.vadrs.org and click on "Find an Office"

A. Please Tell us About the Person Being Referred To DRS

I am referring: Myself ☐ Someone else ☐ (please make sure they know and agree)

Social Security # of referred person, if known _____ Male ☐ Female ☐

Last Name _____ First _____ Middle _____

Mailing Address _____

Daytime Phone with Area Code _____ Is a: Phone ☐ TTY ☐ Fax ☐

Second Phone with Area Code _____ Is a: Phone ☐ TTY ☐ Fax ☐

E-mail Address _____

Describe the disability _____

B. Please Tell Us About The Person Making The Referral (Leave blank if referring yourself)

Organization Name, if any _____

Dr. ☐ Mr. ☐ Ms. ☐ Your Name _____

Job Title _____ Relationship to person being referred _____

Mailing Address _____

Daytime Phone with Area Code _____ Is a: Phone ☐ TTY ☐ Fax ☐

Second Phone with Area Code _____ Is a: Phone ☐ TTY ☐ Fax ☐

E-mail Address _____

C. For DRS Use Only

Caseload # _____ Referral Date _____

Referral Source (check one from list below)

College or University (trade school, career/business/vo-tech school, 2-year and 4-year college) ☐

ESO, WWRC, state-operated rehabilitation center in another state ☐

Elementary/Secondary School (elem/middle/jr. high/high school, juvenile correctional facility) ☐

Mental Health (include psychiatric hospital, mental health center, mental health service provider) ☐

Other Medical (include hospital, clinic, nursing home, in-patient sub. abuse, medical personnel) ☐

One Stop Employment/Training Centers ☐

Public Welfare (state or local welfare agency such as TANF, Social Services, etc.) ☐

Self referral ☐

Social Security Administration/DDS ☐

Other (CSB, CIL, Worker's Comp, employer, family, friend, adult correctional facility, court, homeless ☐

shelter, group home, halfway house, out-patient sub abuse, anything not fitting into another category)

Referral resulted from One-Stop involvement? Y ☐ N ☐